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I hereby revoke all previous powers of attorney given in the above-identified application.									
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Application Number

REVOCATION OF POWER OF Filing Date August 16, 2006 ATTORNEY WITH First Named Inventor MEINHOLD, Matthias **NEW POWER OF ATTORNEY** Art Unit 2772 AND Examiner Name ANDERSON, Gregory A. CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number | Tegel & Meyer I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 24108 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 24108 OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature /alle leill MEINHOLD, Mallhias Name Telephone 0049311383253 Date 2008 Tel. NOTE: Signatures of all the inventors or essignees of record of the antire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see before

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